

**COMBINED DECLARATION
AND POWER OF ATTORNEY**

(Original, Design, National Stage of PCT, Divisional, Continuation or C-I-P Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY. This declaration is of the following type:

- ☐ original
- ☐ design
- ☐ national stage of PCT.
- ☐ divisional
- ☐ continuation
- ☒ continuation-in-part (C-I-P)

the specification of which: *(complete (a), (b), or (c))*

(a) ☐ is attached hereto.

(b) ☒ was filed on May 6, 1998 as Application Serial No. 09/073,552.

(c) ☐ was described and claimed in PCT International Application No. filed on and was amended on *(if applicable)*.

Acknowledgment of Review of Papers and Duty of Candor

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56.

☐ In compliance with this duty there is attached an information disclosure statement. 37 CFR 1.98.

Priority Claim

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT International Application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT International Application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application on which priority is claimed

(complete (d) or (e))

(d) ☒ no such applications have been filed.

(e) ☐ such applications have been filed as follows:

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	DATE OF ISSUE (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
ALL FOREIGN APPLICATION[S], IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>
				<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>

Claim for Benefit of Prior U.S. Provisional Application(s)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

Provisional Application Number	Filing Date

Claim for Benefit of Earlier U.S./PCT Application(s) under 35 U.S.C. 120

(complete this part only if this is a divisional, continuation or C-I-P application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior application(s) in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

08/853,803 May 9, 1997 pending
 (Application Serial No.) (Filing Date) (Status) (patented, pending, abandoned)

(Application Serial No.) (Filing Date) (Status) (patented, pending, abandoned)

Power of Attorney

As a named inventor, I hereby appoint Dana M. Raymond, Reg. No. 18,540; Frederick C. Carver, Reg. No. 17,021; Francis J. Hone, Reg. No. 18,662; Joseph D. Garon, Reg. No. 20,420; Arthur S. Tenser, Reg. No. 18,839; Ronald B. Hildreth, Reg. No. 19,498; Thomas R. Nesbitt, Jr., Reg. No. 22,075; Robert Neuner, Reg. No. 24,316; Richard G. Berkley, Reg. No. 25,465; Richard S. Clark, Reg. No. 26,154; Bradley B. Geist, Reg. No. 27,551; James J. Maune, Reg. No. 26,946; John D. Murnane, Reg. No. 29,836; Henry Tang, Reg. No. 29,705; Robert C. Scheinfeld, Reg. No. 31,300; John A. Fogarty, Jr., Reg. No. 22,348; Louis S. Sorell, Reg. No. 32,439 and Rochelle K. Seide Reg. No. 32,300 of the firm of BAKER & BOTTS, L.L.P., with offices at 30 Rockefeller Plaza, New York, New York 10112, as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith

SEND CORRESPONDENCE TO: BAKER & BOTTS, L.L.P. 30 ROCKEFELLER PLAZA, NEW YORK, N.Y. 10112 CUSTOMER NUMBER: 21003	DIRECT TELEPHONE CALLS TO: BAKER & BOTTS, L.L.P. (212) 705-5000
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section

1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

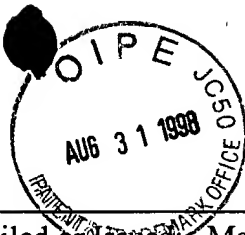
FULL NAME OF SOLE OR FIRST INVENTOR	LAST NAME Podos	FIRST NAME Steven	MIDDLE NAME M.
RESIDENCE & CITIZENSHIP	CITY Tenaflly	STATE or FOREIGN COUNTRY New Jersey	COUNTRY OF CITIZENSHIP U.S.A.
POST OFFICE ADDRESS	POST OFFICE ADDRESS 2 Knoll Road	CITY Tenaflly	STATE or COUNTRY New Jersey
DATE 7/20/98	SIGNATURE OF INVENTOR <i>Steven M. Podos</i>		
FULL NAME OF SECOND JOINT INVENTOR, IF ANY	LAST NAME Mittag	FIRST NAME Thomas	MIDDLE NAME W.
RESIDENCE & CITIZENSHIP	CITY Pleasantville	STATE or FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP U.S.A.
POST OFFICE ADDRESS	POST OFFICE ADDRESS 167 Woodland Drive	CITY Pleasantville	STATE or COUNTRY New York
DATE Aug 5, 1998	SIGNATURE OF INVENTOR <i>Thomas W. Mittag</i>		
FULL NAME OF THIRD JOINT INVENTOR, IF ANY	LAST NAME Becker	FIRST NAME Bernard	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY University City	STATE or FOREIGN COUNTRY Missouri	COUNTRY OF CITIZENSHIP U.S.A.
POST OFFICE ADDRESS	POST OFFICE ADDRESS 8655 West Kingsbury	CITY St. Louis	STATE or COUNTRY Missouri
DATE 8/14/98	SIGNATURE OF INVENTOR <i>Bernard Becker</i>		
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY
DATE	SIGNATURE OF INVENTOR		
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY
DATE	SIGNATURE OF INVENTOR		
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY
DATE	SIGNATURE OF INVENTOR		

FULL NAME OF SEVENTH JOINT INVENTOR, IF ANY	LAST NAME	FIRST NAME	MIDDLE NAME	
RESIDENCE & CITIZENSHIP	CITY	STATE or FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE or COUNTRY	ZIP CODE
DATE	SIGNATURE OF INVENTOR			

Check proper box(es) for any added page(s) forming a part of this declaration

- ☐ Signature for ninth and subsequent joint inventors. Number of pages added _____.
- ☐ Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.
Number of pages added _____.
- ☐ Signature for inventor who refuses to sign, or cannot be reached, by person authorized under 37 CFR 1.47.
Number of pages added _____.





Attorney's Docket No. 31200
Baker & Botts, L.L.P.

Applicant or Patentee: Podos, et al.
Serial or Patent No.: 09/073,552 Filed or Issued: May 6, 1998
For: 8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(d)) - NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION Mount Sinai School of Medicine of the City University of New York

ADDRESS OF ORGANIZATION One Gustave L. Levy Place, New York, New York, 10029

TYPE OF ORGANIZATION not-for-profit

- ☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION
☐ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE 26 USC 501(a) and 501(c)(3)
☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA
(NAME OF STATE __)
(CITATION OF STATUTE __)
☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE (26 USC 501(a) and 501(c)(3)) IF LOCATED IN THE UNITED STATES OF AMERICA
☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA
(NAME OF STATE __)
(CITATION OF STATUTE __)

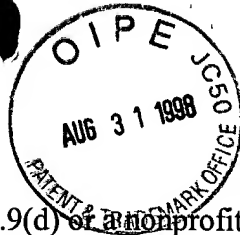
I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees under Section 41(a) and (b) of Title 35, United States Code with regard to the invention entitled 8-ISO-PROSTAGLANDINS FOR GLAUCOMA THERAPY

by inventor(s) __
described in

- ☐ the specification filed herewith
☒ Application Serial No. 09/073,552, filed May 6, 1998.
☐ Patent No. __, issued __.

I hereby declare that the rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(c) or by any concern which would not qualify as a



Baker & Botts, L.L.P.

Attorney's Docket No. 31200

small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e). *Note: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Beth Essig

TITLE IN ORGANIZATION Vice President and Associate General Counsel

ADDRESS OF PERSON SIGNING One Gustave L. Levy Place, New York, New York, 10029

SIGNATURE Beth Essig DATE 7/28/98